

# the MSH bulletin

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**Superintendent,**  
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**and**  
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By Pamela Guthrie, PhD, MSH Staff Psychologist

# DBT SKILLS

## *Real Life*



There is an intestinal “bug” going around among staff; if you haven’t caught it yet, my hope for you is that you won’t. Sitting in a meeting last Monday morning, I realized that my slight queasiness and lightheadedness when I woke up was not going to go away. A few minutes later, I realized that, in fact, I was going to be *really* ill *really* soon. Please don’t ask me everything that was discussed in that meeting; I was so distracted by feeling sick that I was not able to pay attention to the discussion as I normally would.

If anyone in that meeting was paying attention to me, they might have noticed I was “off my game.” I tend to pay close attention to what is going on around me, and I try to participate fully in meetings. Those are skills we can all practice. Of course, just because we have skills and have demonstrated in the past that we can use them, we should never expect that we will always demonstrate them in the same way. Every moment we are alive is unique, and what is going on inside us and outside us is different every moment. Anything that makes it more difficult to apply our skills in any given moment is a *vulnerability*. DBT teaches us to be aware of our vulnerabilities, because when they are present we will need to work harder to be effective. Inside vulnerabilities can be things like feelings, thoughts, judgments, urges, or physical conditions. Outside vulnerabilities can be things like people, places, or events.

Last week, I was clearly dealing with an inside vulnerability. I didn’t ask to get sick, or want to get sick ... and I got sick. I didn’t cause the problem, and it was my responsibility to “fix it” ... to find a way to use my skills even though, actually because, it was harder that day than others. I did the best I could. The next day, something changed; feeling better physically, I was able to do better.



# What is Borderline Personality Disorder?

*Borderline personality disorder is a personality disorder. The essential features include a pattern of impulsivity and instability of behaviors, interpersonal relationships, and self-image. There may be uncontrollable anger and depression. The pattern is present by early adulthood and occurs across a variety of situations and contexts.*

**Borderline Personality Disorder** is a serious mental illness marked by unstable moods, behavior, and relationships. Because some people with severe BPD have brief psychotic episodes, experts originally thought of this illness as atypical, or borderline, versions of other mental disorders. While mental health experts now generally agree that the name "borderline personality disorder" is misleading, a more accurate term does not exist yet.

Most people who have BPD suffer from:

- Problems with regulating emotions and thoughts
- Impulsive and reckless behavior
- Unstable relationships with other people.

People with this disorder also have high rates of co-occurring disorders, such as depression, anxiety disorders, substance abuse, and eating disorders, along with self-harm, suicidal behaviors, and completed suicides.



Psychotherapy is usually the first treatment for people with BPD. Current research suggests psychotherapy can relieve some symptoms.

**Dialectical Behavior Therapy (DBT).** This type of therapy focuses on the concept of mindfulness, or being aware of and attentive to the current situation. DBT teaches skills to control intense emotions, reduces self-destructive behaviors, and improves relationships.

# Joint Commission Readiness

Mitzi Lawson, Director of Quality Assurance

## Joint Commission Readiness

The first chapter of the Comprehensive Accreditation Manual for Hospitals (CAMH) is the newest chapter in the manual, Patient Safety Systems (PS). This chapter is intended to help all health care workers understand the relationship between Joint Commission accreditation and patient safety.

The chapter does not include new accreditation requirements, but describes how existing requirements can be applied to achieve improved patient safety.

The intent of the “Patient Safety Systems” (PS) chapter is to provide health care organizations with a proactive approach to designing or re-designing a patient-centered system that aims to improve quality of care and patient safety, an approach that aligns with The Joint Commission’s mission and its standards.

The first obligation of health care is to “do no harm.” Therefore the chapter is focused on the following three guiding principles:

1. Aligning existing Joint Commission standards with daily work in order to engage patients and staff
2. throughout the health care system, at all times, on reducing harm.
3. Assisting health care organizations with advancing knowledge, skills, and competence of staff and patients by recommending methods that will improve quality and safety processes.
4. Encouraging and recommending proactive quality and patient safety methods that will increase accountability, trust, and knowledge while reducing the impact of fear and blame.

Quality and safety are inextricably linked. *Quality* in health care is the degree to which its processes and results meet or exceed the needs and desires of the people it serves. Those needs and desires include safety. Patient safety emerges as a central aim of quality.

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## Joint Commission Readiness

Mitzi Lawson, Director of Quality Assurance

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*Patient safety*, as defined by the World Health Organization, is the prevention of errors and adverse effects to patients that are associated with health care. While patient safety events may not be completely eliminated, harm to patients can be reduced, and the goal is always zero harm. Joint Commission accredited organizations should be continually focused on eliminating systems failures and human errors that may cause harm to patients, families and staff.

The ultimate purpose of The Joint Commission's accreditation process is to enhance quality of care and patient safety. Each requirement or standard, the survey process, the Sentinel Event Policy, and other Joint Commission initiatives are designed to help organizations reduce variation, reduce risk, and improve quality. Hospitals should have an integrated approach to patient safety so that high levels of safe patient care can be provided for every patient in every care setting and service.

In an integrated patient safety system, staff and leaders work together to eliminate complacency, promote collective mindfulness, treat each other with respect and compassion, and learn from their patient safety events, including close calls and other system failures that have not yet led to patient harm.

We will go dive further into the Patient Safety Chapter in next week's Bulletin.

Thank you for all that you do on a daily basis to assure quality programming and safety for the patients at Madison State Hospital.

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# *The Chaplain's Pen*

MSH Chaplain, Howie Cutshall,



“But Jesus  
looked at them  
and said to them,  
*‘With men this is  
impossible,  
but with God  
all things are  
possible’.*”

Matthew 19:26

# *Social Worker Month 2016*

Social workers make a difference  
in the day-to-day lives  
of millions of Americans  
by helping to build, support and  
empower positive family and  
community relationships.

*Positive Social Change Is Never Complete.  
It's A Work In Progress.*

## MSH Social Services Department

*Jackie Armstrong*

*Teresa Bailey*

*Judy Boley*

*Marilyn Christian*

*Bert Fitzgerald*

*Adriane Harrison*

*Stacey Lane*

*Deb Royalty*

*Sharon Trimble*

*Lisa White*



Karen Friedersdorf,  
Social Services  
Director



## **Onsite Vitality Check Screening Event: MONDAY, APRIL 25th**



**Do you want to save money by qualifying for the Wellness CDHP for 2017?**



The Wellness Consumer Driven Health Plan (CDHP) offers the lowest premiums and highest HSA contributions compared to the other health plan options. If you are currently enrolled in state medical benefits, you can qualify for the 2017 Wellness CDHP by reaching an Earned Status of Silver in Humana Vitality by August 31, 2016, and agreeing to the Non-Tobacco Use Agreement during our next Open Enrollment. This means all points must be processed and posted to your Humana Vitality account by the August 31 deadline.

- Completing a Vitality Check biometric screening is the activity that can earn you the most points in Humana Vitality, up to 4,000!
- Vitality Check screenings will be here at MADISON STATE HOSPITAL on **MONDAY APRIL 25<sup>TH</sup>** from **5:30am to 9:15am** and **3:00pm to 6:45pm** (Priority for the early morning appointments will be given to night shift as needed.)



Make an appointment for your Vitality Check today by emailing or calling **Humana Vitality Wellness Champion, Diana Keith, at 7302**. Also, call Diana with any questions.

**Don't miss your opportunity  
to complete your Vitality Check  
here at  
MADISON STATE HOSPITAL!**

**Humana Vitality**





As we grow older, we don't  
lose friends. We just learn  
who the *real* ones are.





**KEEP  
CALM  
AND  
STOP  
SMOKING**



**The Indiana Tobacco  
Quitline  
is an evidence-based intervention.**

**The Indiana Tobacco Quitline 1-800-QUIT-NOW (800-784-8669)** is a free phone-based counseling service that helps Indiana tobacco users quit. Funded by the Indiana Tobacco Prevention and Cessation Agency, the Indiana Tobacco Quitline offers experienced professional Quit Coaches® trained in cognitive behavioral therapy.

Health care providers and employers who utilize the Quitline's fax referral system experience a quick and efficient way to refer their patients and employees for help with quitting tobacco. The fax referral system provides:

- Intensive counseling options often not feasible in a busy clinic environment or available at a worksite
- A brief, easy to use form
- An initial call made by the Quit Coach™ instead of the tobacco



# **Big Brothers/Big Sisters of Jefferson County**

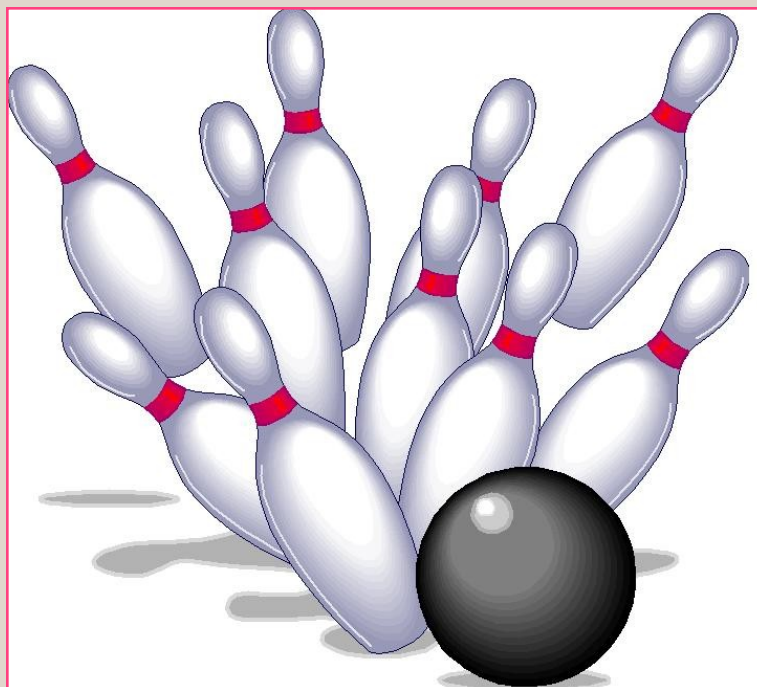
**Bowl For Kids' Sake 'bowl-a-thon'**  
will be held on Saturday, April 16, 2016  
at Ten Pin Alley Bowling Center.

**Madison State Hospital has 2 teams  
that are participating in this event!**

**Teams include:**

- **Kathie Albus**
- **Bert Fitzgerald**
- **Kim Sexton**
- **Brent Adams**
- **Alicia Greene**
- **Wilbert Lowe**
- **Desna Ratcliff**
- **A.J. Mistry**
- **Toni Olberding**
- **Ricky Winters**

**\* For information on this  
event please contact  
Kathie Albus.**



Proceeds benefit Big Brothers/Big Sisters of Jefferson County, a non-profit organization that provides one-to-one mentoring friendships between eligible local children and adult volunteers.



### Ingredients

- 12 ounces baby red potatoes, halved
- 1 tablespoon olive oil
- 4 (6-ounce) skinless, boneless chicken breast halves, pounded to 3/4-inch thickness
- 3/4 teaspoon kosher salt
- 1/2 teaspoon freshly ground black pepper
- 2 thyme sprigs
- 4 ounces mushrooms, quartered
- 1 tablespoon chopped fresh thyme
- 1/4 cup whole milk
- 5 teaspoons all-purpose flour
- 1 3/4 cups unsalted chicken broth
- 8 very thin lemon slices
- 1 (8-ounce) package green beans
- 2 tablespoons chopped fresh flat-leaf parsley



## Lemon Chicken

### Preparation

1. Preheat oven to 450°.
2. Place potatoes in a medium saucepan; cover with water. Bring to a boil, and simmer 12 minutes or until tender. Drain.
3. Heat a large ovenproof skillet over medium-high heat. Add 1 teaspoon oil to pan. Sprinkle chicken with 1/4 teaspoon salt and 1/4 teaspoon pepper. Add chicken and thyme sprigs to pan; cook 5 minutes or until chicken is browned. Turn chicken over. Place pan in oven; bake at 450° for 10 minutes or until chicken is done. Remove chicken from pan.
4. Return pan to medium-high heat. Add remaining 2 teaspoons oil. Add potatoes, cut sides down; mushrooms; and 1 tablespoon thyme; cook 3 minutes or until browned, stirring once. Combine milk and flour in a small bowl, stirring with a whisk. Add remaining salt, remaining pepper, flour mixture, stock, lemon, and beans to pan; simmer 1 minute or until slightly thickened. Add chicken; cover, reduce heat, and simmer 3 minutes or until beans are crisp-tender. Sprinkle with parsley.



# 10 Walking Mistakes to Avoid

By [Wendy Bumgardner](#)

## Mistake # 10 Not Drinking Enough



### Mistake:

You don't drink enough water before, during, and after walking.

### The Cure:

Drink a glass of water every hour throughout the day to stay hydrated. Ten minutes before your walk, drink a glass of water.

During your walk drink a cup or more of water every 20 minutes.

After you finish, drink a glass or two of water.

Avoid caffeinated beverages before your walk, they cause you to lose fluid, making you thirstier as well as making you take inconvenient stops along the way.

On walks over 2 hours, use an electrolyte-replacement sports drink and drink when thirsty.

On long distance walks, drink when thirsty and be sure to replenish salt with a sports drink rather than drinking only water.